Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN District of VIRGINIA

Case number (If known): ______

Chapter you are filing under:
- ☑ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

FILED

2017 MAR 24 PM 1:44

U.S. BANKRUPTCY COURT
RICHMOND DIVISION

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy 12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Sherry First name Perry Middle name Spurlock Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.	First name Middle name Last name First name Middle name Last name	First name Middle name Last name First name Middle name Last name
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx – xx – 9466 OR 9 xx – xx – ____	xxx – xx – ____ OR 9 xx – xx – ____

Debtor 1 Sherry Perry (First Name, Middle Name) Spurlock (Last Name) Case number (if known) ____

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and *doing business as* names	☑ I have not used any business names or EINs. Business name ____ Business name ____ EIN __ - _______ EIN __ - _______	☐ I have not used any business names or EINs. Business name ____ Business name ____ EIN __ - _______ EIN __ - _______
5. Where you live	1902 Doron Lane Number Street ____ Richmond VA 23223 City State ZIP Code Henrico County **If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address. Number Street ____ P.O. Box ____ City State ZIP Code ____	**If Debtor 2 lives at a different address:** Number Street ____ ____ City State ZIP Code ____ County ____ **If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address. Number Street ____ P.O. Box ____ City State ZIP Code ____
6. Why you are choosing *this district* to file for bankruptcy	*Check one:* ☑ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	*Check one:* ☑ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- [x] Chapter 7
- [ ] Chapter 11
- [ ] Chapter 12
- [ ] Chapter 13

8. How you will pay the fee

- [ ] **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- [ ] **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- [x] **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- [x] No
- [ ] Yes. District ______ When ______ (MM / DD / YYYY) Case number ______
  District ______ When ______ (MM / DD / YYYY) Case number ______
  District ______ When ______ (MM / DD / YYYY) Case number ______

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- [x] No
- [ ] Yes. Debtor ______ Relationship to you ______
  District ______ When ______ (MM / DD / YYYY) Case number, if known ______
  Debtor ______ Relationship to you ______
  District ______ When ______ (MM / DD / YYYY) Case number, if known ______

11. Do you rent your residence?

- [ ] No. Go to line 12.
- [x] Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
  - [x] No. Go to line 12.
  - [ ] Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☑ No. *Go to Part 4.*

☐ Yes. Name and location of business

Name of business, if any

Number Street

City State ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☑ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☑ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☑ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?
Number Street

City State ZIP Code

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. **Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the *following choices. If you* cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☑ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent *circumstances merit a 30-day temporary waiver* of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** *My physical disability causes me* to be unable to participate in a briefing in person, by phone, or through the internet, even after I *reasonably tried to do so.*

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☑ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent *circumstances merit a 30-day temporary waiver* of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** *My physical disability causes me* to be unable to participate in a briefing in person, by phone, or through the internet, even after I *reasonably tried to do so.*

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Sherry Perry (First Name, Middle Name) Spurlock (Last Name) Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
- ☑ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☑ No. Go to line 16c.
- ☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☑ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
  - ☑ No
  - ☐ Yes

18. How many creditors do you estimate that you owe?

☑ 1-49	☐ 1,000-5,000	☐ 25,001-50,000
☐ 50-99	☐ 5,001-10,000	☐ 50,001-100,000
☐ 100-199	☐ 10,001-25,000	☐ More than 100,000
☐ 200-999		

19. How much do you estimate your assets to be worth?

☑ $0-$50,000	☐ $1,000,001-$10 million	☐ $500,000,001-$1 billion
☐ $50,001-$100,000	☐ $10,000,001-$50 million	☐ $1,000,000,001-$10 billion
☐ $100,001-$500,000	☐ $50,000,001-$100 million	☐ $10,000,000,001-$50 billion
☐ $500,001-$1 million	☐ $100,000,001-$500 million	☐ More than $50 billion

20. How much do you estimate your liabilities to be?

☐ $0-$50,000	☐ $1,000,001-$10 million	☐ $500,000,001-$1 billion
☑ $50,001-$100,000	☐ $10,000,001-$50 million	☐ $1,000,000,001-$10 billion
☐ $100,001-$500,000	☐ $50,000,001-$100 million	☐ $10,000,000,001-$50 billion
☐ $500,001-$1 million	☐ $100,000,001-$500 million	☐ More than $50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✘ [signature] Signature of Debtor 1 | ✘ Signature of Debtor 2

Executed on 03 24 2017 (MM / DD / YYYY) | Executed on ______ (MM / DD / YYYY)

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

✘ _______________ Date _______________
Signature of Attorney for Debtor MM / DD / YYYY

Printed name

Firm name

Number Street

City State ZIP Code

Contact phone _______________ *Email address* _______________

Bar number State

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
- ☑ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- ☐ No
- ☑ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☑ No
- ☐ Yes. Name of Person__________.
  Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

✘ [signature] Signature of Debtor 1	✘ Signature of Debtor 2
Date 02 24 2017 MM / DD / YYYY	Date MM / DD / YYYY
Contact phone 8042448998	Contact phone
Cell phone	Cell phone
Email address	Email address

Fill in this information to identify your case:

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. *Schedule A/B: Property* (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from *Schedule A/B*	$ 0
1b. Copy line 62, Total personal property, from *Schedule A/B*	$ 5800
1c. Copy line 63, Total of all property on *Schedule A/B*	$ 5800

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)	
2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D*	$ 41490
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*	$ 0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*	+ $ 29665
Your total liabilities	$ 71155

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*	$ 708
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*	$ 1678

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☑ Yes

7. **What kind of debt do you have?**

☑ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

$ 1400

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on *Schedule E/F*, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	$ 0
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 0
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0
9d. Student loans. (Copy line 6f.)	$ 0
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ $ 0
9g. **Total.** Add lines 9a through 9f.	$ 0

Fill in this information to identify your case and this filing:

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number ____________

❑ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☑ No. Go to Part 2.
❑ Yes. Where is the property?

1.1. ____________
Street address, if available, or other description

____

City State ZIP Code

County

What is the property? Check all that apply.
❑ Single-family home
❑ Duplex or multi-unit building
❑ Condominium or cooperative
❑ Manufactured or mobile home
❑ Land
❑ Investment property
❑ Timeshare
❑ Other ____________

Who has an interest in the property? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
❑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $____________
Current value of the portion you own? $____________

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

____

❑ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number: ____________

If you own or have more than one, list here:

1.2. ____________
Street address, if available, or other description

____

City State ZIP Code

County

What is the property? Check all that apply.
❑ Single-family home
❑ Duplex or multi-unit building
❑ Condominium or cooperative
❑ Manufactured or mobile home
❑ Land
❑ Investment property
❑ Timeshare
❑ Other ____________

Who has an interest in the property? Check one.
❑ Debtor 1 only
❑ Debtor 2 only
❑ Debtor 1 and Debtor 2 only
❑ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $____________
Current value of the portion you own? $____________

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

____

❑ ***Check if this is community property*** (see instructions)

Other information you wish to add about this item, such as local *property identification number:* ____________

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.
- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other ______

Who has an interest in the property? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $______ **Current value of the portion you own?** $______

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number: ______

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** ......➔ $ 0

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**
- ☐ No
- ☑ Yes

3.1. Make: Toyota
Model: Avalon
Year: 2009
Approximate mileage: 130000
Other information:
2009 Toyota Avalon

Who has an interest in the property? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $ 4000 **Current value of the portion you own?** $ 4000

If you own or have more than one, describe here:

3.2. Make: Oldsmobile
Model: Alero
Year: 2000
Approximate mileage: 170000
Other information:
Oldsmobile Alero

Who has an interest in the property? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $ 0 **Current value of the portion you own?** $ 0

Debtor 1 Sherry Perry Spurlock Case number (if known)

First Name Middle Name Last Name

3.3. Make: Mazda

Model: 626

Year: 95

Approximate mileage: 160000

Other information:

Mazda 626

Who has an interest in the property? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $ 0

Current value of the portion you own? $ 0

3.4. Make:

Model:

Year:

Approximate mileage:

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $

Current value of the portion you own? $

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☑ No
☐ Yes

4.1. Make:

Model:

Year:

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $

Current value of the portion you own? $

If you own or have more than one, list here:

4.2. Make:

Model:

Year:

Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $

Current value of the portion you own? $

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .... ➔ $ 4000

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**
Examples: Major appliances, furniture, linens, china, kitchenware
☐ No
☑ Yes. Describe......... Furniture - Home — $ 500

7. **Electronics**
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games
☑ No
☐ Yes. Describe.......... $

8. **Collectibles of value**
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles
☑ No
☐ Yes. Describe.......... $

9. **Equipment for sports and hobbies**
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments
☑ No
☐ Yes. Describe.......... $

10. **Firearms**
Examples: Pistols, rifles, shotguns, ammunition, and related equipment
☑ No
☐ Yes. Describe.......... $

11. **Clothes**
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories
☐ No
☑ Yes. Describe.......... Clothes - Home — $ 1000

12. **Jewelry**
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver
☑ No
☐ Yes. Describe........... $

13. **Non-farm animals**
Examples: Dogs, cats, birds, horses
☑ No
☐ Yes. Describe........... $

14. **Any other personal and household items you did not already list, including any health aids you did not list**
☐ No
☑ Yes. Give specific information. .... Dishes - Home — $ 300

15. ***Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here*** .... ➔ $ 1800

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☑ No
☐ Yes .... Cash: .... $

17. **Deposits of money**
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☑ No
☐ Yes .... Institution name:

17.1. Checking account:		$
17.2. Checking account:		$
17.3. Savings account:		$
17.4. Savings account:		$
17.5. Certificates of deposit:		$
17.6. Other financial account:		$
17.7. Other financial account:		$
17.8. Other financial account:		$
17.9. Other financial account:		$

18. **Bonds, mutual funds, or publicly traded stocks**
Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☑ No
☐ Yes .... Institution or issuer name:

$
$
$

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☑ No
☐ Yes. Give specific information about them........

Name of entity:	% of ownership:	
	%	$
	%	$
	%	$

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☑ No
☐ Yes. Give specific information about them......................

Issuer name:

$
$
$

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☑ No
☐ Yes. List each account separately.

Type of account:	Institution name:	
401(k) or similar plan:		$
Pension plan:		$
IRA:		$
Retirement account:		$
Keogh:		$
Additional account:		$
Additional account:		$

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☑ No
☐ Yes..........................

	Institution name or individual:	
Electric:		$
Gas:		$
Heating oil:		$
Security deposit on rental unit:		$
Prepaid rent:		$
Telephone:		$
Water:		$
Rented furniture:		$
Other:		$

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☑ No
☐ Yes..........................

Issuer name and description:

$
$
$

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☑ No
☐ Yes .... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

________ $________
________ $________
________ $________

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☑ No
☐ Yes. Give specific information about them.... $________

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☑ No
☐ Yes. Give specific information about them.... $________

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☑ No
☐ Yes. Give specific information about them.... $________

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☑ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: $________
State: $________
Local: $________

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☑ No
☐ Yes. Give specific information.............

Alimony: $________
Maintenance: $________
Support: $________
Divorce settlement: $________
Property settlement: $________

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☑ No
☐ Yes. Give specific information.............. $________

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

31. **Interests in insurance policies**
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☑ No
☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
		$
		$
		$

32. **Any interest in property that is due you from someone who has died**
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☑ No
☐ Yes. *Give specific information.............* $

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**
Examples: Accidents, employment disputes, insurance claims, or rights to sue

☑ No
☐ Yes. Describe each claim. .... $

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☑ No
☐ Yes. Describe each claim. .... $

35. **Any financial assets you did not already list**

☑ No
☐ Yes. Give specific information........... $

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .... ➔ $

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☑ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☑ No
☐ Yes. Describe....... $

39. **Office equipment, furnishings, and supplies**
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☑ No
☐ Yes. Describe....... $

Debtor 1 Sherry Perry Spurlock Case number (if known)______
First Name Middle Name Last Name

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☑ No
☐ Yes. Describe....... $________

41. **Inventory**

☑ No
☐ Yes. Describe....... $________

42. **Interests in partnerships or joint ventures**

☑ No
☐ Yes. Describe....... Name of entity: % of ownership:

Name of entity	% of ownership	$
________	____%	$________
________	____%	$________
________	____%	$________

43. **Customer lists, mailing lists, or other compilations**

☑ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
  ☐ No
  ☐ Yes. Describe........ $________

44. **Any business-related property you did not already list**

☑ No
☐ Yes. Give specific information .... $________ $________ $________ $________ $________ $________

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .... ➔ $ 0

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☑ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

☑ No
☐ Yes........................ $________

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

48. **Crops—either growing or harvested**

☑ No
☐ Yes. Give specific information. .... $

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☑ No
☐ Yes .... $

50. **Farm and fishing supplies, chemicals, and feed**

☑ No
☐ Yes .... $

51. **Any farm- and commercial fishing-related property you did not already list**

☑ No
☐ Yes. Give specific information. .... $

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .... → $ 0

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

☑ No
☐ Yes. Give specific information. .... $
$
$

54. **Add the dollar value of all of your entries from Part 7. Write that number here** .... → $ 0

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2**		→	$ 0
56. **Part 2: Total vehicles, line 5**	$ 4000		
57. **Part 3: Total personal and household items, line 15**	$ 1800		
58. **Part 4: Total financial assets, line 36**	$		
59. **Part 5: Total business-related property, line 45**	$ 0		
60. **Part 6: Total farm- and fishing-related property, line 52**	$ 0		
61. **Part 7: Total other property not listed, line 54**	+ $ 0		
62. **Total personal property.** Add lines 56 through 61.	$ 5800	Copy personal property total →	+ $ 5800

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. .... $ 5800

Fill in this information to identify your case.

Debtor 1 Sherry (First Name) Perry (Middle Name) Spurlock (Last Name)

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number (If known) ____________

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*
   - ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
   - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
Brief description: 2009 Toyota Avalon Line from *Schedule A/B*: ____	$ 4000	☐ $ ____ ☑ 100% of fair market value, up to any applicable statutory limit	34-26(8);
Brief description: ____ Line from *Schedule A/B*: ____	$ ____	☐ $ ____ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: ____ Line from *Schedule A/B*: ____	$ ____	☐ $ ____ ☐ 100% of fair market value, up to any applicable statutory limit	

3. **Are you claiming a homestead exemption of more than $160,375?**
   (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
   - ☑ No
   - ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
     - ☐ No
     - ☐ Yes

Debtor 1 Sherry Perry Spurlock Case number (if known)______
First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption*	Specific laws that allow exemption
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______
Brief description: ______ Line from *Schedule A/B:* ____	$______	☐ $______ ☐ 100% of fair market value, up to any applicable statutory limit	______

Fill in this information to identify your case

Debtor 1: Sherry (First Name) Perry (Middle Name) Spurlock (Last Name)

Debtor 2 (Spouse, if filing): First Name / Middle Name / Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number (If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. **Do any creditors have claims secured by your property?**
   - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
   - ☑ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A **Amount of claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**	Column C **Unsecured portion** If any
2.1 Dealer Funding	$ 11099	$ 4000	$ 7099
2.2 Dt Credit Corp	$ 5473	$ 0	$ 5473

2.1 Dealer Funding (Creditor's Name)

Po Box 934022 (Number Street)

Atlanta GA 31193-4022 (City State ZIP Code)

Describe the property that secures the claim: 2009 Toyota Avalon

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☑ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) Auto Loan•

Date debt was incurred 2014

Last 4 digits of account number 0717

2.2 Dt Credit Corp (Creditor's Name)

5300 Midlothian Turnpike (Number Street)

Richmond VA 23225 (City State ZIP Code)

Describe the property that secures the claim: Oldsmobile Alero

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☑ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☑ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) Auto Loan•

Date debt was incurred 2009

Last 4 digits of account number 4272

Add the dollar value of your entries in Column A on this page. Write that number here: $16572

Debtor 1 Sherry Perry Spurlock (First Name, Middle Name, Last Name) Case number (if known) ____

Part 1: Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A: Amount of claim — Do not deduct the value of collateral.
Column B: Value of collateral that supports this claim
Column C: Unsecured portion — If any

2.3 Primus Automotive Financial Sv (Creditor's Name)
7401 Beaufont Springs Drive (Number Street)
#210
Richmond VA 23225 (City State ZIP Code)

Describe the property that secures the claim: Mazda 626

Column A: $ 15753 | Column B: $ 0 | Column C: $ 15753

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☑ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) Auto Loan•

Date debt was incurred 2002

Last 4 digits of account number 7822

2.4 Randolph,boyd,cherry&vaughan (Creditor's Name)
13 East Main Street (Number Street)
Richmond VA 23219 (City State ZIP Code)

Describe the property that secures the claim: Mazda 626

Column A: $ 9165 | Column B: $ 0 | Column C: $ 9165

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☑ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) Auto Loan•

Date debt was incurred Dec.2, 2002

Last 4 digits of account number 2-06

☐ ____ (Creditor's Name)
____ (Number Street)
____ (City State ZIP Code)

Describe the property that secures the claim:

Column A: $____ | Column B: $____ | Column C: $____

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ____

Date debt was incurred ____

Last 4 digits of account number ____

Add the dollar value of your entries in Column A on this page. Write that number here: $ 24918

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: $ 41490

Fill in this information to identify your case:

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
   - ☑ No. Go to Part 2.
   - ☐ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and *nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority* unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim | **Priority amount** | **Nonpriority amount**

2.1

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $________ $________ $________

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☐ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ________

2.2

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $________ $________ $________

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☐ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ________

Debtor 1 Sherry Perry Spurlock Case number (if known)____
First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Total claim** **Priority amount** **Nonpriority amount**

☐ ____ Priority Creditor's Name
____ Number Street
____
____ City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Last 4 digits of account number __ __ __ __ $____ $____ $____

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☐ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ____

☐ ____ Priority Creditor's Name
____ Number Street
____
____ City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Last 4 digits of account number __ __ __ __ $____ $____ $____

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☐ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ____

☐ ____ Priority Creditor's Name
____ Number Street
____
____ City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Last 4 digits of account number __ __ __ __ $____ $____ $____

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
- ☐ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ____

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. *Do any creditors have nonpriority unsecured claims against you?*

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 Allied Insurance
Nonpriority Creditor's Name
3213 Duke St. #602
Number Street
Alexandria VA 22314-4533
City State ZIP Code

Last 4 digits of account number 3784
When was the debt incurred? 2015
$ 125

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Insurance

4.2 Bcc Financial Management Serv.
Nonpriority Creditor's Name
Po Box 590097
Number Street
Ft. Lauderdale FL 33359
City State ZIP Code

Last 4 digits of account number 0049
When was the debt incurred? 2011
$ 250

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ ***Check if this claim is for a community debt***

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce *that you did not report as priority claims*
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical

4.3 Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Last 4 digits of account number 0666
When was the debt incurred? 2015
$ 2102

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ *Other. Specify* Medical

Debtor 1 Sherry Perry Spurlock (First Name, Middle Name, Last Name) Case number (if known) ______

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.4

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0355 — $ 1000

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.5

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0381 — $ 500

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.6

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0049 — $ 244

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. ***Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.*** **Add the amounts for each type of unsecured claim.**

			Total claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0
	6b. ***Taxes and certain other debts you owe the government***	6b.	$ 0
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	+ $ 0
	6e. **Total.** Add lines 6a through 6d.	6e.	$ 0

			Total claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ $ 29665
	6j. **Total.** Add lines 6f through 6i.	6j.	$ 29665

Debtor 1 Sherry Perry Spurlock (First Name, Middle Name, Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.7

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 8664 — **$ 300**

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** *unsecured claim:*

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.8

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 9682 — **$ 493**

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.9

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 0025 — **$ 965**

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.10

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number 64-0
When was the debt incurred? 2010
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical

$ 500

4.11

Bon Secours Health System,inc.
Nonpriority Creditor's Name
2600 University Parkway
Number Street
Coralville IA 52241-3204
City State ZIP Code

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number 2017
When was the debt incurred? 2017
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical

$ 200

4.12

Comcast
Nonpriority Creditor's Name
1154 Shenandoah Village Drive
Number Street
Waynesboro VA 22980
City State ZIP Code

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Last 4 digits of account number 05-2
When was the debt incurred? 2012
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of **NONPRIORITY** unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Cable

$ 200

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.13

Commonwealth Radiology
Nonpriority Creditor's Name
1508 Willow Lawn Dr. Suite 117
Number Street
Richmond VA 23230-3421
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 9056

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 65

4.14

Commonwealth Radiology
Nonpriority Creditor's Name
1508 Willow Lawn Dr. Suite 117
Number Street
Richmond VA 23230-3421
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 6803

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that *you did not report as priority claims*
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 15

4.15

Commonwealth Radiology
Nonpriority Creditor's Name
1508 Willow Lawn Dr. Suite 117
Number Street
Richmond VA 23230-3421
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 1497

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 1000

Debtor 1 Sherry Perry Spurlock Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.16

Commonwealth Radiology
Nonpriority Creditor's Name
1508 Willow Lawn Dr. Suite 117
Number Street
Richmond VA 23230-3421
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 8771

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 500

4.17

Continental Emergency Services
Nonpriority Creditor's Name
Po Box 3475
Number Street
Toledo OH 43607-0475
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 9466

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 750

4.18

Emergency Medicine Associates
Nonpriority Creditor's Name
Po Box 88087
Number Street
Chicago IL 60680-1087
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 7753

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 1000

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name
Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.19 Emergency Medicine Associates
Nonpriority Creditor's Name
Po Box 88087
Number Street
Chicago IL 60680-1087
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 7753

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 1000

4.20 Hanover Family Physicians
Nonpriority Creditor's Name
9376 Atlee Station Rd.
Number Street
Mechanicsville VA 23116
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 1699

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 1000

4.21 Horizon Financial Management
Nonpriority Creditor's Name
8585 S. Broadway Suite 880
Number Street
Merrillville TN 46410-5661
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0127

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Hospital

$ 500

Debtor 1 Sherry Perry Spurlock Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.22

Horizon Financial Management
Nonpriority Creditor's Name
8585 S. Broadway Suite 880
Number Street
Merrillville TN 46410-5661
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 250

4.23

Horizon Financial Management
Nonpriority Creditor's Name
8585 S. Broadway Suite 880
Number Street
Merrillville TN 46410-5661
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 0148

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 150

4.24

Horizon Financial Management
Nonpriority Creditor's Name
8585 S. Broadway Suite 880
Number Street
Merrillville TN 46410-5661
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 0381

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 250

Debtor 1 Sherry Perry Spurlock (First Name, Middle Name, Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.25

Horizon Financial Management
Nonpriority Creditor's Name
8585 S. Broadway Suite 880
Number Street
Merrillville TN 46410-5661
City State ZIP Code

Last 4 digits of account number 0381

When was the debt incurred? 2014

Total claim: $ 100

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.26

Ic System Inc.
Nonpriority Creditor's Name
444 Hwy. 96 East Po. Box 64437
Number Street
St. Paul MN 55164-0437
City State ZIP Code

Last 4 digits of account number 1-09

When was the debt incurred? 2012

Total claim: $ 350

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.27

Ic System Inc.
Nonpriority Creditor's Name
444 Hwy. 96 East Po. Box 64437
Number Street
St. Paul MN 55164-0437
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 2011

Total claim: $ 300

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Ntelos Cell Phone

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.28

Memorial Regional Medical Cent
Nonpriority Creditor's Name
8260 Atlee Rd.
Number Street
Mechanicsville VA 23116
City State ZIP Code

Last 4 digits of account number 7753

When was the debt incurred? 2016

Total claim: $ 1000

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.29

Memorial Regional Medical Cent
Nonpriority Creditor's Name
Po. Box 409601
Number Street
Atlanta GA 30384-9601
City State ZIP Code

Last 4 digits of account number 0025

When was the debt incurred? 2015

Total claim: $ 1900

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.30

Memorial Regional Medical Cent
Nonpriority Creditor's Name
8260 Atlee Rd.
Number Street
Mechanicsville VA 23116
City State ZIP Code

Last 4 digits of account number 0031

When was the debt incurred? 2013

Total claim: $ 3200

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.31

Memorial Regional Medical Cent
Nonpriority Creditor's Name
8260 Atlee Rd.
Number Street
Mechanicsville VA 23116
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0355

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 1000

4.32

Mitchell D. Bluhm& Associates
Nonpriority Creditor's Name
980 Birmingham Rd. Suite 501-326
Number Street
Milton GA 30004
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 9347

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 1000

4.33

Nationwide Insurance
Nonpriority Creditor's Name
Po Box 55126
Number Street
Boston MA 02205-5126
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 7770

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Insurance

$ 250

Debtor 1 Sherry Perry Spurlock (First Name / Middle Name / Last Name) Case number (if known) ____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.34

One Hampton Medical
Nonpriority Creditor's Name
3475 Momentum Pl.
Number Street
Chicago IL 60689
City State ZIP Code

Last 4 digits of account number 2ohm — $ 500

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.35

Patient First
Nonpriority Creditor's Name
12 N. Thompson St.
Number Street
Richmond VA 23221
City State ZIP Code

Last 4 digits of account number 2011 — $ 300

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.36

Priority-gram
Nonpriority Creditor's Name
Po Box 12150
Number Street
Charlotte NC 28220-2150
City State ZIP Code

Last 4 digits of account number 7541 — $ 1106

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.37

Richmond Community Hospital
Nonpriority Creditor's Name
1500 N. 28th St.
Number Street
Richmond VA 23223
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 3782

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 3000

4.38

Richmond Community Hospital
Nonpriority Creditor's Name
Po Box 277179
Number Street
Atlanta GA 30384-7179
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 0019

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 900

4.39

Richmond Community Hospital
Nonpriority Creditor's Name
1500 N. 28th St.
Number Street
Richmond VA 23223
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☑ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 20hm

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 500

Debtor 1 Sherry Perry Spurlock Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.40

Spinella Owings & Shaia
Nonpriority Creditor's Name
8550 Mayland Dr.
Number Street
Richmond VA 23294
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 9001

When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 100

4.41

Spinella Owings & Shaia
Nonpriority Creditor's Name
8550 Mayland Dr.
Number Street
Richmond VA 23294
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 2225

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 500

4.42

United Consumers
Nonpriority Creditor's Name
Po Box 4466
Number Street
Woodbridge VA 22194-4466
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number 5235

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

$ 300

Fill in this information to identify your case:

Debtor Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number
(If known)

❑ Check if this is an *amended filing*

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   ❑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Case number (if known) ______

Additional Page If You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.6
Name
Number Street
City State ZIP Code

2.7
Name
Number Street
City State ZIP Code

2.8
Name
Number Street
City State ZIP Code

2.9
Name
Number Street
City State ZIP Code

2.10
Name
Number Street
City State ZIP Code

2.11
Name
Number Street
City State ZIP Code

2.12
Name
Number Street
City State ZIP Code

2.13
Name
Number Street
City State ZIP Code

Fill in this information to identify your case:

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the EASTERN District of VIRGINIA

Case number
(If known)

❑ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
   - ☑ No
   - ❑ Yes
2. ***Within the last 8 years, have you lived in a community property state or territory?*** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
   - ❑ No. Go to line 3.
   - ❑ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
     - ❑ No
     - ❑ Yes. In which community state or territory did you live? ________________. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D, Schedule E/F, or Schedule G* to fill out Column 2.**

	Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1	Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3.2	Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3.3	Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______

Debtor 1 Sherry Perry Spurlock Case number (if known)

First Name Middle Name Last Name

Additional Page to List More Codebtors

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

3._

Name

Number Street

City State ZIP Code

- ☐ Schedule D, line ______
- ☐ Schedule E/F, line ______
- ☐ Schedule G, line ______

Fill in this information to identify your case:

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number (If known)

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☑ Employed ☐ Not employed	☐ Employed ☐ Not employed
Occupation	printing	
Employer's name	westend printing	
Employer's address	1609 sherwood ave.richmond va.23220 Number Street City State ZIP Code	Number Street City State ZIP Code
How long employed there?	21yrs.	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 1400	$
3. **Estimate and list monthly overtime pay.**	3.	+ $ 0	+ $
4. **Calculate gross income.** Add line 2 + line 3.	4.	$ 1400	$

Debtor 1 Sherry Perry Spurlock — Case number (if known) ____

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here →	4.	$ 1400	$
5. List all payroll deductions:			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$ 240	$
5b. **Mandatory contributions for retirement plans**	5b.	$ 0	$
5c. **Voluntary contributions for retirement plans**	5c.	$ 0	$
5d. **Required repayments of retirement fund loans**	5d.	$ 0	$
5e. **Insurance**	5e.	$ 164	$
5f. **Domestic support obligations**	5f.	$ 0	$
5g. **Union dues**	5g.	$ 0	$
5h. **Other deductions.** Specify: garnishment for auto loan	5h.	+ $ 288	+ $
6. **Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$ 692	$
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 708	$
8. List all other income regularly received:			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0	$
8b. **Interest and dividends**	8b.	$ 0	$
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0	$
8d. **Unemployment compensation**	8d.	$ 0	$
8e. **Social Security**	8e.	$ 0	$
8f. ***Other government assistance that you regularly receive*** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ____	8f.	$ 0	$
8g. **Pension or retirement income**	8g.	$ 0	$
8h. **Other monthly income.** Specify: ____	8h.	+ $ 0	+ $
9. **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 0	$
10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	$ 708 +	$ = $708

11. **State all other regular contributions to the expenses that you list in *Schedule J.***

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J.*

Specify: ____ 11. + $ 0

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information,* if it applies 12. $ 708

Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**

☐ No.

☑ Yes. Explain: garnishments will stop

Fill in this information to identify your case:

Debtor 1	Sherry	Perry	Spurlock
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number (If known) ____________

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date: ________ MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number *(if known)*. Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**
   - ☑ No. Go to line 2.
   - ☐ Yes. **Does Debtor 2 live in a separate household?**
     - ☑ No
     - ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2.*

2. **Do you have dependents?** Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.
   - ☑ No
   - ☐ Yes. Fill out this information for each dependent..........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☑ No ☐ Yes
		☑ No ☐ Yes
		☑ No ☐ Yes
		☑ No ☐ Yes
		☑ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**
   - ☑ No
   - ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 500
If not included in line 4:		
4a. Real estate taxes	4a.	$ 0
4b. Property, homeowner's, or renter's insurance	4b.	$ 0
4c. Home maintenance, repair, and upkeep expenses	4c.	$ 100
4d. Homeowner's association or condominium dues	4d.	$ 0

Debtor 1 Sherry Perry Spurlock — Case number (if known) ______

		Your expenses
5. **Additional mortgage payments for your residence**, such as home equity loans	5.	$ 0
6. **Utilities:**		
6a. Electricity, heat, natural gas	6a.	$ 140
6b. Water, sewer, garbage collection	6b.	$ 55
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$ 40
6d. Other. Specify: ______	6d.	$ 0
7. **Food and housekeeping supplies**	7.	$ 150
8. **Childcare and children's education costs**	8.	$ 0
9. **Clothing, laundry, and dry cleaning**	9.	$ 50
10. **Personal care products and services**	10.	$ 20
11. **Medical and dental expenses**	11.	$ 50
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 75
13. **Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ 0
14. **Charitable contributions and religious donations**	14.	$ 20
15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	$ 0
15b. Health insurance	15b.	$ 0
15c. Vehicle insurance	15c.	$ 139
15d. Other insurance. Specify: ______	15d.	$ 0
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: ______	16.	$ 0
17. **Installment or lease payments:**		
17a. *Car payments for Vehicle 1*	17a.	$ 339
17b. Car payments for Vehicle 2	17b.	$ 0
17c. Other. Specify: ______	17c.	$ 0
17d. *Other. Specify:* ______	17d.	$ 0
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ 0
19. **Other payments you make to support others who do not live with you.** Specify: ______	19.	$ 0
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**		
20a. Mortgages on other property	20a.	$ 0
20b. Real estate taxes	20b.	$ 0
20c. Property, homeowner's, or renter's insurance	20c.	$ 0
20d. Maintenance, repair, and upkeep expenses	20d.	$ 0
20e. Homeowner's association or condominium dues	20e.	$ 0

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

21. **Other**. Specify: ______ 21. +$ 0

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21. 22a. $ 1678

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. $

22c. Add line 22a and 22b. The result is your monthly expenses. 22c. $

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*. 23a. $ 708

23b. Copy your monthly expenses from line 22c above. 23b. –$ 1678

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*. 23c. $ -970

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No.
☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☐ No

☐ Yes. Name of person ____________. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✘ [signature] ✘ ____________

Signature of Debtor 1 Signature of Debtor 2

Date 03 24 2017 Date ____________
MM / DD / YYYY MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1: Sherry (First Name) Perry (Middle Name) Spurlock (Last Name)

Debtor 2 (Spouse, if filing): First Name / Middle Name / Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number (If known):

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. **What is your current marital status?**

☐ Married
☑ Not married

2. **During the last 3 years, have you lived anywhere other than where you live now?**

☑ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		☐ Same as Debtor 1	☐ Same as Debtor 1
Number Street City State ZIP Code	From ______ To ______	Number Street City State ZIP Code	From ______ To ______
		☐ Same as Debtor 1	☐ Same as Debtor 1
Number Street City State ZIP Code	From ______ To ______	Number Street City State ZIP Code	From ______ To ______

3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☑ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Sherry Perry Spurlock Case number (if known)____________
First Name Middle Name Last Name

4. **Did you have any income from employment or from operating a business during this year or the two previous calendar years?**
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☑ No
☐ Yes. Fill in the details.

	Debtor 1 Sources of income (Check all that apply.)	Debtor 1 Gross income (before deductions and exclusions)	Debtor 2 Sources of income (Check all that apply.)	Debtor 2 Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0
For last calendar year: (January 1 to December 31, ______ YYYY)	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0
For the calendar year before that: (January 1 to December 31, ______ YYYY)	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0

5. **Did you receive any other income during this year or the two previous calendar years?**
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☑ No
☐ Yes. Fill in the details.

	Debtor 1 Sources of income (Describe below.)	Debtor 1 Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income (Describe below.)	Debtor 2 Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		$ 0		$ 0
		$		$
		$		$
For last calendar year: (January 1 to December 31, ______ YYYY)		$ 0		$ 0
		$		$
		$		$
For the calendar year before that: (January 1 to December 31, ______ YYYY)		$ 0		$ 0
		$		$
		$		$

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as *"incurred by an individual primarily for a personal, family, or household purpose."*

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☑ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

☑ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☑ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		$	$	
Number Street				
City State ZIP Code				
Insider's Name		$	$	
Number Street				
City State ZIP Code				

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

☑ No
☐ Yes. *List all payments that benefited an insider.*

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		$	$	
Number Street				
City State ZIP Code				
Insider's Name		$	$	
Number Street				
City State ZIP Code				

GARNISHMENT SUMMONS Case No. CL13-1532-86

Commonwealth of Virginia

CITY OF RICHMOND CIRCUIT COURT Circuit Court

400 North 9th Street Richmond VA 23219

COURT ADDRESS

JUDGMENT CREDITOR:
Primus Automotive Financial Services, Inc.

v.

JUDGMENT DEBTOR:
Sherry Spurlock
1902 Doron Lane
Richmond VA 23223
(Henrico County)

Telephone No.

Soc. Sec. No. 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

JUDGMENT CREDITOR'S ATTORNEY:
Randolph, Boyd, Cherry & Vaughan
13 East Main Street
Richmond, VA 23219

Telephone No. (804) 643-6620

Garnishee: West End Printing
1607 Sherwood Avenue
Richmond VA 23220
(City of Richmond)

04/21/2017
HEARING DATE AND TIME

STATEMENT:

Judgment Principal:	$ 8676.64
Credits	17075.47
Interest	14863.63
Judgment Costs	42.00
Attorney's Fee	1325.20
Garnishment Costs	1333.00

This is a garnishment against (check only one)
[X] the judgment debtor's wages, salary or other compensation.
[ ] some other debt due or property of the judgment debtor, specifically,

TOTAL BALANCE DUE $ 9165.00
The garnishee shall rely on this amount.

MAXIMUM PORTION OF DISPOSABLE EARNINGS SUBJECT TO GARNISHMENT
[ ] Support
[ ] 50% [ ] 55% [ ] 60% [ ] 65%
(if not specified, then 50%)
[ ] state taxes, 100%

December 6, 2002
DATE OF JUDGMENT

If none of the above are checked, then § 34-29(a) (on reverse) applies.

TO ANY AUTHORIZED OFFICER: You are hereby commanded to serve this summons on the judgment debtor and the garnishee.

TO THE GARNISHEE: You are hereby commanded to (1) file a written answer with this court, or (2) deliver payment to this court, or (3) appear before this court on the return date and time shown on this summons to answer the Suggestion for Summons in Garnishment of the judgment creditor that, by reason of the lien of writ of fieri facias, there is a liability as shown in the statement upon the garnishee.

As garnishee, you shall withhold from the judgment debtor any sums of money to which the judgment debtor is or may be entitled from you during the period between the date of service of this summons on you and the date for your appearance in court, subject to the following limitations: (1) The maximum amount which may be garnished is the "TOTAL BALANCE DUE" as shown on this summons. (2) You shall not be liable to the judgment creditor for any property not specified in this garnishment summons. (3) If the sums of money being garnished are earnings of the judgment debtor, then the provision of "MAXIMUM PORTION OF DISPOSABLE EARNINGS SUBJECT TO GARNISHMENT" shall apply.

If a garnishment summons is served on an employer having one thousand or more employees, then money to which the judgment debtor is or may be entitled from his or her employer shall be considered those wages, salaries, commission or other earnings which, following service on the garnishee-employer, are determined and are payable to the judgment debtor under the garnishee-employer's normal payroll procedure with a reasonable time allowance for making a timely return by mail to this court.

DEC 29 2016
DATE OF ISSUANCE OF SUMMONS

Edward F. Jewett, Clerk
by [signature]
DEPUTY CLERK

DATE OF DELIVERY OF WRIT OF FIERI FACIAS TO SHERIFF IF DIFFERENT FROM DATE OF ISSUANCE OF THIS SUMMONS

WRIT OF FIERI FACIAS TO ANY AUTHORIZED OFFICER: You are commanded to execute this writ and to make from the intangible personal estate of the judgment debtor(s) the principal, interest, costs and attorney's fees, less credits, as shown in the Garnishment Summons. You are further commanded to make your return to the clerk's office according to law.

Homestead Exemption Waived? [ ] Yes [ ] No [ ] Cannot be demanded

DEC 29 2016
DATE

Edward F. Jewett, Clerk
by [signature]
DEPUTY CLERK

FORM CC-1486 (MASTER, PAGE 1 OF 2) 1/07
VA. CODE §§ 8.01-511, -512.3

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☑ No
☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title ___		Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☐ Concluded
Case number ___			
Case title ___		Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☐ Concluded
Case number ___			

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

No. Go to line 11.
☑ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Randolph Boyd Cheney + Vaughan Primus Automotive Financial Services, Inc. Creditor's Name 13 East main st Number Street Richmond VA 23219 City State ZIP Code	car	12-6-2062	$ 867664

Explain what happened

☑ Property was repossessed.
☐ Property was foreclosed.
☑ Property was garnished.
☐ Property was attached, seized, or levied.

	Describe the property	Date	Value of the property
Creditor's Name Number Street City State ZIP Code			$

Explain what happened

☐ Property was repossessed.
☐ Property was foreclosed.
☐ Property was garnished.
☐ Property was attached, seized, or levied.

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Case number (if known)

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

☑ No
☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			
Number Street			$
City State ZIP Code	Last 4 digits of account number: XXXX–		

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

☑ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?**

☑ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			$
			$
Number Street			
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			$
			$
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Sherry Perry Spurlock — Case number (if known)
First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?

☑ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600	Describe what you contributed	Date you contributed	Value
Charity's Name			$
			$
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☑ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.	Date of your loss	Value of property lost
			$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☑ No
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			$
			$
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Case number (if known)______________________

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		________	$________
Number Street		________	$________
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☑ No
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		________	$________
Number Street		________	$________
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☑ No
☐ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			________
Number Street			
City State ZIP Code			
Person's relationship to you ________			
Person Who Received Transfer			________
Number Street			
City State ZIP Code			
Person's relationship to you ________			

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** *(These are often called asset-protection devices.)*

☑ No
☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☑ No
☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX–__ __ __ __	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_____		$
Name of Financial Institution Number Street City State ZIP Code	XXXX–__ __ __ __	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_____		$

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

☑ No
☐ Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		☐ No ☐ Yes

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name
Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☑ No
☐ Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		☐ No ☐ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☑ No
☐ Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Owner's Name			$
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☑ No
☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

Debtor 1 Sherry Perry Spurlock Case number (if known)
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

☑ **No**
☐ **Yes. Fill in the details.**

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☑ **No**
☐ **Yes. Fill in the details.**

	Court or agency	Nature of the case	Status of the case
Case title	Court Name		☐ Pending
	Number Street		☐ On appeal
Case number	City State ZIP Code		☐ Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☑ **No. None of the above applies. Go to Part 12.**
☐ **Yes. Check all that apply above and fill in the details below for each business.**

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		
Number Street		EIN: __ __ - __ __ __ __ __ __ __
	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From ____ To ____

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		
Number Street		EIN: __ __ - __ __ __ __ __ __ __
	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From ____ To ____

Debtor 1 Sherry Perry Spurlock Case number (if known)______
First Name Middle Name Last Name

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
______ Business Name		EIN: __ __ - __ __ __ __ __ __ __
______ Number Street	Name of accountant or bookkeeper	Dates business existed
______ ______ City State ZIP Code		From ______ To ______

28. **Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

☑ No
☐ Yes. Fill in the details below.

	Date issued
______ Name	______ MM / DD / YYYY
______ Number Street	
______ ______ City State ZIP Code	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✘ [signature] ______ ✘ ______
Signature of Debtor 1 Signature of Debtor 2

Date 3-24-17 Date ______

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☑ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ No
☐ Yes. Name of person______. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case.

Debtor 1 Sherry Perry Spurlock
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- **creditors have claims secured by your property, or**
- **you have leased personal property and the lease has not expired.**

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. **For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.**

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Randolph,boyd,cherry&vaughan Description of property securing debt: Mazda 626	☑ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement.* ☐ Retain the property and [explain]: ______	☑ No ☐ Yes
Creditor's name: Primus Automotive Financial Sv Description of property securing debt: Mazda 626	☑ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement.* ☐ Retain the property and [explain]: ______	☑ No ☐ Yes
Creditor's name: Dt Credit Corp Description of property securing debt: Oldsmobile Alero	☑ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement.* ☐ Retain the property and [explain]: ______	☑ No ☐ Yes
Creditor's name: Dealer Funding Description of property securing debt: 2009 Toyota Avalon	☐ Surrender the property. ☐ Retain the property and redeem it. ☑ Retain the property and enter into a *Reaffirmation Agreement.* ☐ Retain the property and [explain]: ______	☐ No ☑ Yes

Debtor 1 Sherry Perry Spurlock Case number (*If known*)
First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

✗ [signature] ✗

Signature of Debtor 1 Signature of Debtor 2

Date 03 24-17 Date
MM / DD / YYYY MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1: Sherry (First Name) Perry (Middle Name) Spurlock (Last Name)

Debtor 2 (Spouse, if filing): First Name / Middle Name / Last Name

United States Bankruptcy Court for the: EASTERN District of VIRGINIA

Case number (If known): ______

Check one box only as directed in this form and in Form 122A-1Supp:

- [x] 1. There is no presumption of abuse.
- [ ] 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A–2).
- [ ] 3. The Means Test does not apply now because of *qualified military service but it could apply later.*

- [ ] Check if this is an amended filing

Official Form 122A–1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.
   - [x] **Not married.** *Fill out Column A, lines 2-11.*
   - [ ] **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
   - [ ] **Married and your spouse is NOT filing with you. You and your spouse are:**
     - [ ] **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
     - [ ] **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

	Debtor 1	Debtor 2		*Column A* **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).				$ 1400	$
3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.				$	$
4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.				$ 0	$
5. **Net income from operating a business, profession, or farm**					
Gross receipts (before all deductions)	$ 0	$			
Ordinary and necessary operating expenses	– $ 0	– $			
Net monthly income from a business, profession, or farm	$ 0	$	Copy here →	$ 0	$
6. **Net income from rental and other real property**					
Gross receipts (before all deductions)	$ 0	$			
Ordinary and necessary operating expenses	– $ 0	– $			
Net monthly income from rental or other real property	$ 0	$	Copy here →	$ 0	$
7. **Interest, dividends, and royalties**				$ 0	$

Debtor 1 Sherry Perry Spurlock (First Name, Middle Name, Last Name) Case number (if known) ____

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	$ 0	$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you $ ____		
For your spouse $ ____		
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	$ 0	$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
____ 0	$ 0	$
____ 0	$	$
Total amounts from separate pages, if any.	+ $	+ $
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	$ 1400	+ $ = $ 1400 Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here➔ $ 1400

Multiply by 12 (the number of months in a year). x 12

12b. The result is your annual income for this part of the form. 12b. $ 16800

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. VIRGINIA

Fill in the number of people in your household. 4

Fill in the median family income for your state and size of household. 13. $ 96513

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☑ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A–2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

✘ [signature] Signature of Debtor 1 ✘ ____ *Signature of Debtor 2*

Date 03 24 2017 MM / DD / YYYY Date ____ MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A–2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,** and
- **Your debts are primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	$245	filing fee
	$75	administrative fee
+	$15	trustee surcharge
	$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	$1,167	filing fee
+	$550	administrative fee
	$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

***You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the* necessary documents.**

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	$200	filing fee
+	$75	administrative fee
	$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	$235	filing fee
+	$75	administrative fee
	$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days ***before*** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA

In re **Spurlock, Sherry**

Case No.

Chapter **7**

Debtor(s)

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette or by a typed hard copy in scannable format, with Request for Waiver attached, is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.

Master mailing list of creditors submitted via:

(a) ______ computer diskette listing a total of _____ creditors; or

(b) ✓ scannable hard copy, with Request for Waiver attached, consisting of 6 pages, listing a total of 46 creditors

Debtor

Joint Debtor

Date: 3-24-17

[Check if applicable] ______ Creditor(s) with foreign addresses included on disk/hard copy.

[diskcs ver. R-1/2003]

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA

____________________**Division**

In re Sherry Spurlock

Case No.

Debtor(s) **Chapter** 7

REQUEST FOR WAIVER

The debtor(s) hereby request(s) that the Court waive the requirement of the mailing matrix submission on a computer diskette as required by LBR 1007-1. Due to financial constraints and the inability to access the equipment necessary to comply with this requirement, the petitioner requests acceptance of the matrix submitted in the hard-copy scannable format.

The debtor understands that if the court denies the request, the debtor or the attorney for the debtor shall submit the list of creditors on computer diskette no later than three (3) business days after the clerk's notification that the request has been denied.

____
Debtor

____
Joint Debtor

Date: 3/24/17

(ver. 4/1/2003)

Allied Insurance
3213 Duke St. #602
Alexandria VA 22314-4533

Bcc Financial Management Serv.
Po Box 590097
Ft. Lauderdale FL 33359

Bon Secours Health System,inc.
2600 University Parkway
Coralville IA 52241-3204

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Coralville IA 52241-3204

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2600 University Parkway
Coralville IA 52241-3204

Comcast
1154 Shenandoah Village Drive
Waynesboro VA 22980

Commonwealth Radiology
1508 Willow Lawn Dr.
Suite 117
Richmond VA 23230-3421

Commonwealth Radiology
1508 Willow Lawn Dr.
Suite 117
Richmond VA 23230-3421

Commonwealth Radiology
1508 Willow Lawn Dr.
Suite 117
Richmond VA 23230-3421

Commonwealth Radiology
1508 Willow Lawn Dr.
Suite 117
Richmond VA 23230-3421

Continental Emergency Services
Po Box 3475
Toledo OH 43607-0475

Dealer Funding
Po Box 934022
Atlanta GA 31193-4022

Dt Credit Corp
5300 Midlothian Turnpike
Richmond VA 23225

Emergency Medicine Associates
Po Box 88087
Chicago IL 60680-1087

Emergency Medicine Associates
Po Box 88087
Chicago IL 60680-1087

Hanover Family Physicians
9376 Atlee Station Rd.
Mechanicsville VA 23116

Horizon Financial Management
8585 S. Broadway Suite 880
Merrillville TN 46410-5661

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Merrillville TN 46410-5661

Horizon Financial Management
8585 S. Broadway Suite 880
Merrillville TN 46410-5661

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Merrillville TN 46410-5661

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8585 S. Broadway Suite 880
Merrillville TN 46410-5661

Ic System Inc.
444 Hwy. 96 East Po. Box 64437
St. Paul MN 55164-0437

Ic System Inc.
444 Hwy. 96 East Po. Box 64437
St. Paul MN 55164-0437

Memorial Regional Medical Cent
8260 Atlee Rd.
Mechanicsville VA 23116

Memorial Regional Medical Cent
8260 Atlee Rd.
Mechanicsville VA 23116

Memorial Regional Medical Cent
Po. Box 409601
Atlanta GA 30384-9601

Memorial Regional Medical Cent
8260 Atlee Rd.
Mechanicsville VA 23116

Mitchell D. Bluhm& Associates
980 Birmingham Rd.
Suite 501-326
Milton GA 30004

Nationwide Insurance
Po Box 55126
Boston MA 02205-5126

One Hampton Medical
3475 Momentum Pl.
Chicago IL 60689

Patient First
12 N. Thompson St.
Richmond VA 23221

Primus Automotive Financial Sv
7401 Beaufont Springs Drive
#210
Richmond VA 23225

Priority-gram
Po Box 12150
Charlotte NC 28220-2150

Randolph,boyd,cherry&vaughan
13 East Main Street
Richmond VA 23219

Richmond Community Hospital
1500 N. 28th St.
Richmond VA 23223

Richmond Community Hospital
Po Box 277179
Atlanta GA 30384-7179

Richmond Community Hospital
1500 N. 28th St.
Richmond VA 23223

Spinella Owings & Shaia
8550 Mayland Dr.
Richmond VA 23294

Spinella Owings & Shaia
8550 Mayland Dr.
Richmond VA 23294

United Consumers
Po Box 4466
Woodbridge VA 22194-4466